



Certification of Qualifying Exigency for Military Family Leave (FMLA)

For Completion by the Employee

Please complete fully and completely. FMLA permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. The questions in this section require a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Your response is required to obtain a benefit. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. **You have 15 calendar days to return this form to UAB Human Resources at: 701 South 20th Street, AB 254 or via fax 205.996.9954**

Full Name: _____ Employee ID Number: _____

Job Title: _____ Employee Phone Number: _____

Department: _____ Department Contact Number: _____

Name of covered military member on active duty or call to active duty status in support of a contingency operation:

Last Name	First Name	MI
Relationship of covered military member to you: _____		
Period of covered military member's active duty: _____		

You must provide complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency including written documentation to confirm the military member's active duty or call to active duty status in support of a contingency operation. Please check one of the following:

_____ A copy of the covered military member's active duty orders is attached.

_____ Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation is attached.

_____ I have previously provided my employer with sufficient written documentation confirming the military member's active duty or call to active duty status in support of a contingency operation

Part A. QUALIFYING REASON FOR LEAVE

1. Please check the applicable box below and then describe the reason for leave:

_____ Rest and recuperation – up to 5 days leave to spend time with military member during temporary, rest and recuperation

_____ Military events and related activities – official ceremonies, programs, or events sponsored by military related to active duty call

_____ Counseling activities – provided by someone other than health care provider for the employee, military member, or military member's child

_____ Childcare and school activities – to make alternative childcare arrangements, enroll in or transfer military member's child, or to attend meetings at school or daycare

_____ Financial and legal arrangements

_____ Post-deployment activities – to attend arrival ceremonies, briefings or the official ceremonies or programs sponsored by the military and events for a period of 90 days following termination of military member's active status.

_____ Short notice deployment activities – up to 7 days leave if military member receives less than 7 days notice of impending call to active duty to active duty

2. A complete and sufficient certification to support a request for FMLA leave due to qualifying exigency includes any available written documentation which supports the need for leave; documentation may include a copy of a meeting announcement for the informational briefings sponsored by the military, a copy of a bill for services for the handling of legal or financial affairs, document confirming appointment with school official or counselor, etc. Available written documentation supporting this request for leave is attached.

_____ Yes _____ No _____ None available



Part B. Amount of Leave Needed

1. Approximate date exigency began: _____ Probable duration of exigency: _____

2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? _____ No _____ Yes
If so, estimate the beginning and ending dates for the period of absence : _____

3. Will you need to be absent from work periodically to address this qualifying exigency? _____ No _____ Yes

Estimate schedule of leave, including dates of any scheduled meetings or appointments:

Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (for example, one deployment related meeting every month lasting 4 hours):

Frequency: _____ times per _____ week(s) _____ months **Duration:** _____ hours _____ days(s) per event

If leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school or childcare providers, to make financial or legal arrangements, to act as the covered military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by UAB to verify that the information contained on this form is accurate.

Name of Individual: _____ Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Describe nature of meeting: _____

Part D.

I certify that the information I provided above is true and correct.

Signature of Employee

Date